

New Hampshire Coronavirus Disease 2019 (COVID-19) Education and Childcare Partner Call

November 17, 2021

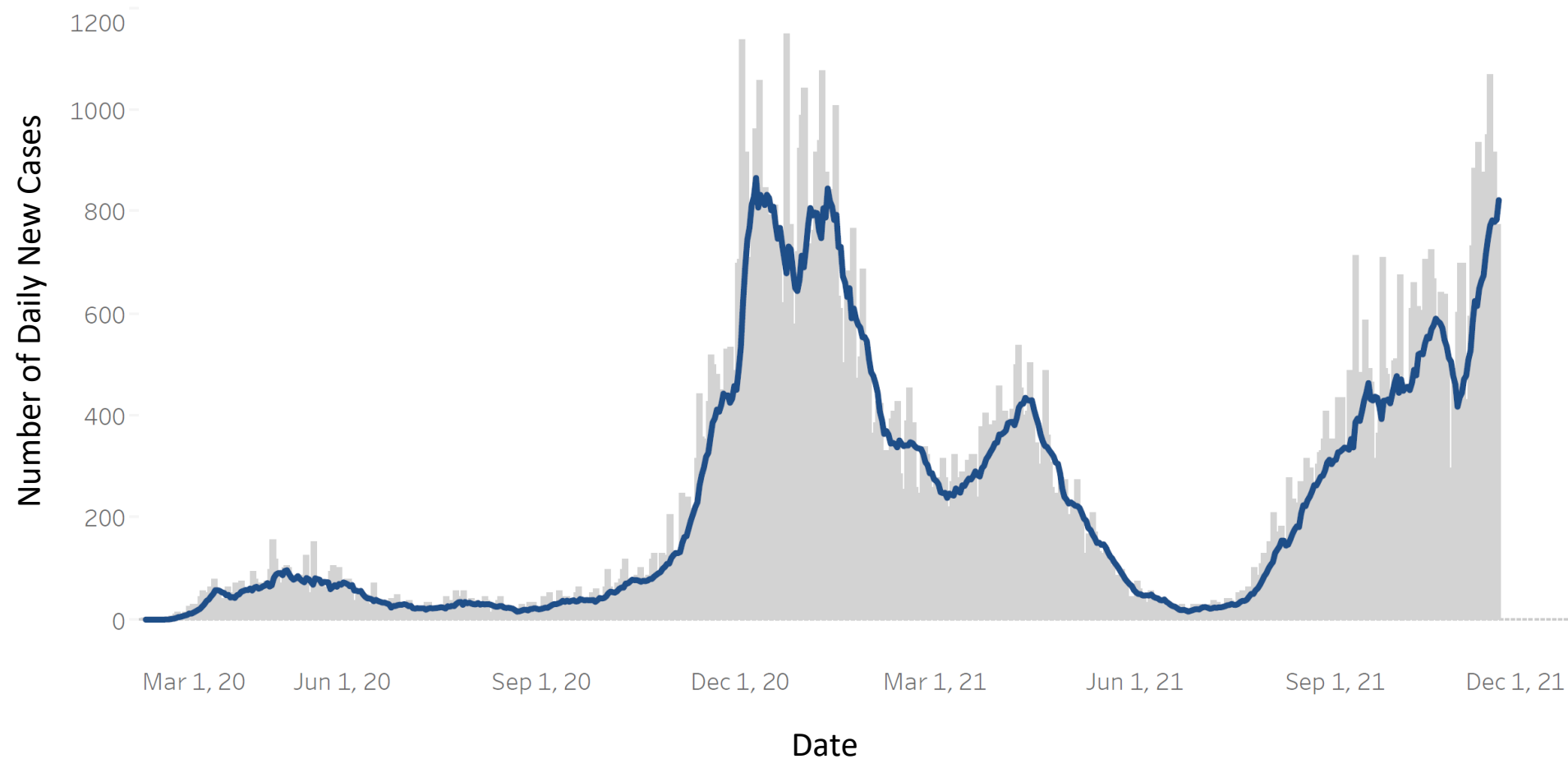
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Agenda

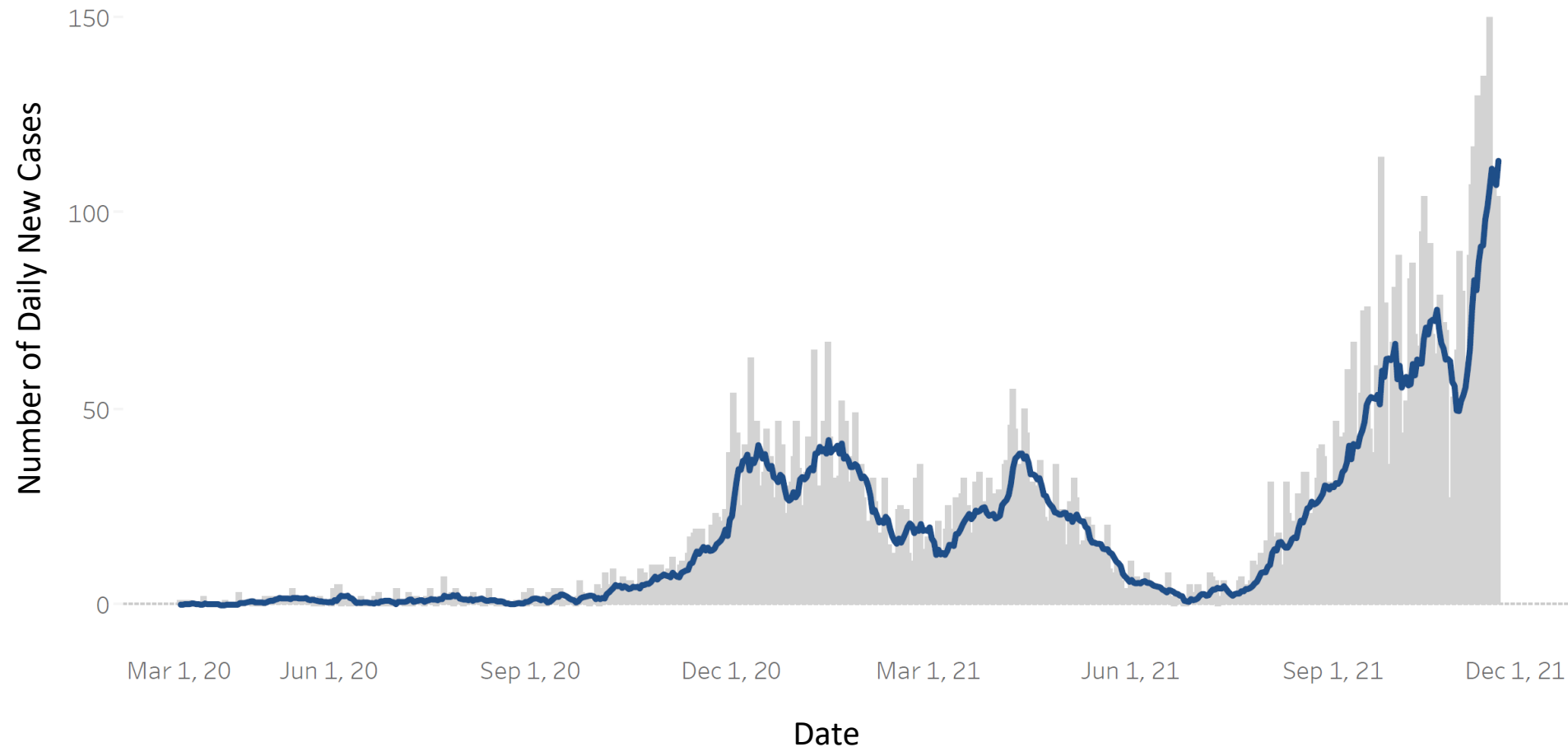
- Epidemiology update
- Pre-Print Study: [In-person Schooling and Associated COVID-19 Risk in the United States over Spring Semester 2021](#)
- COVID-19 reporting
- Q&A

Epidemiology Update

Number of New COVID-19 Cases per Day in NH (All Ages)

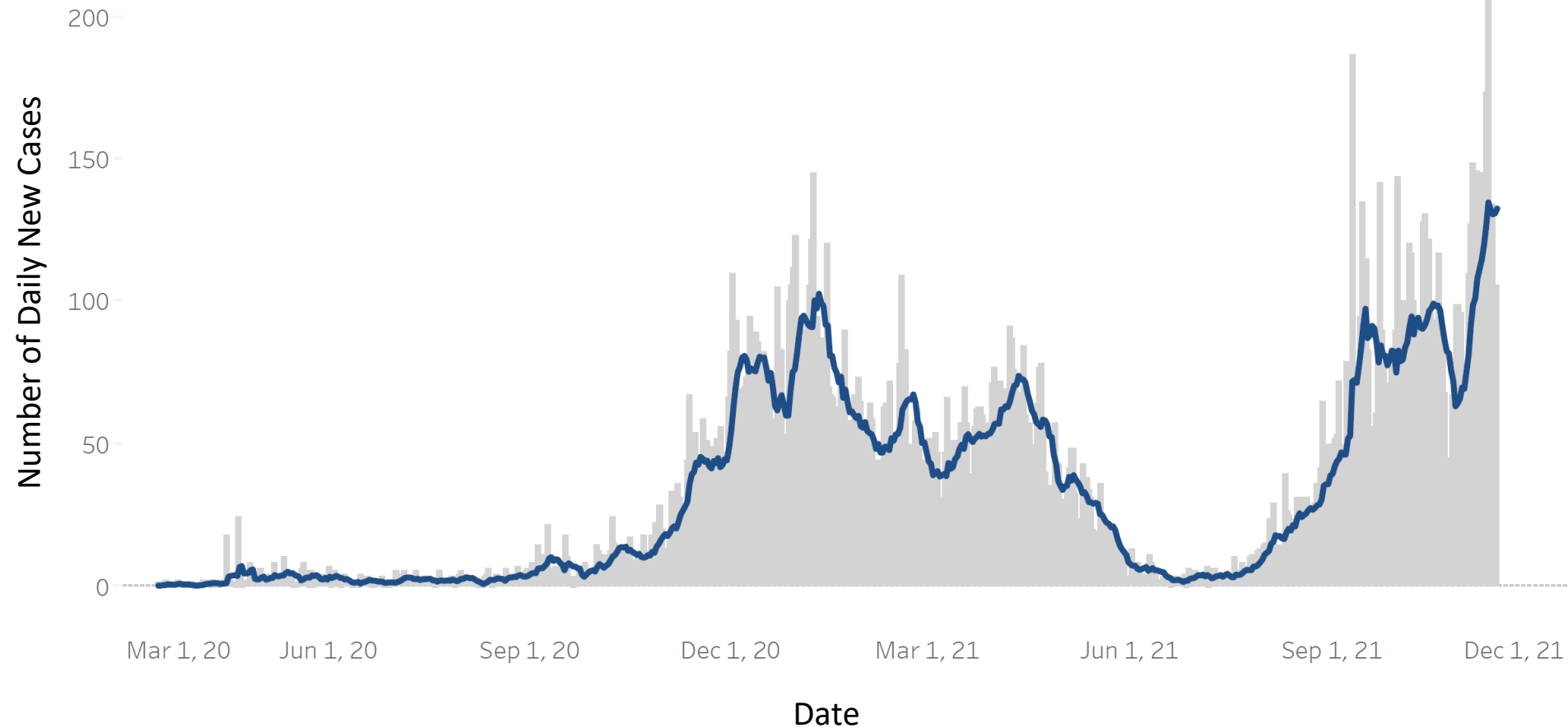


Number of New COVID-19 Cases per Day in NH (0-9 Year Olds)

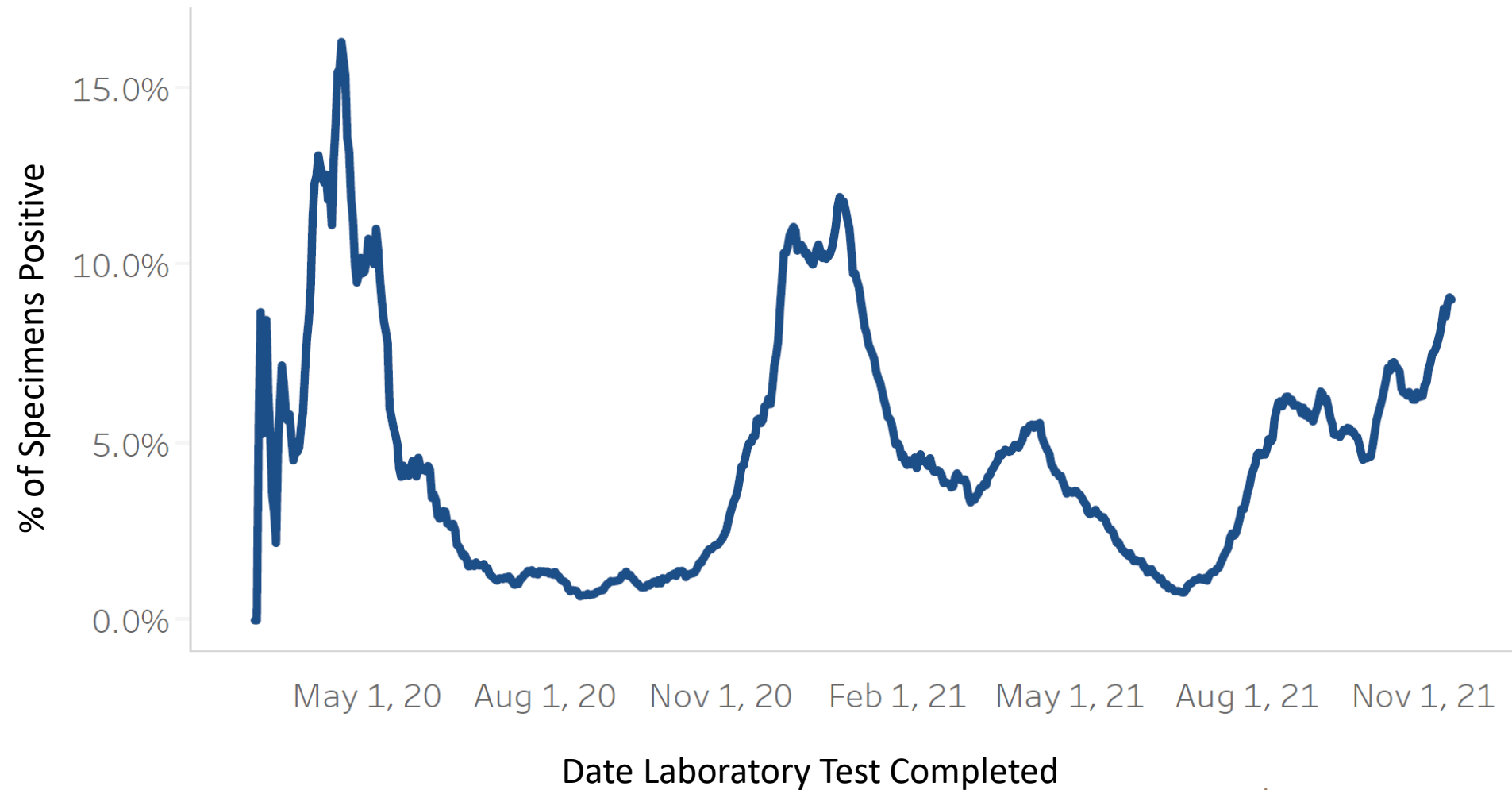


<https://www.nh.gov/covid19/dashboard/overview.htm#dash>

Number of New COVID-19 Cases per Day in NH (10-19 Year Olds)



% of Tests (Antigen and PCR) Positive for COVID-19 (7-Day Average)



Level of Community Transmission in NH

Statewide
Level of
Transmission

Substantial

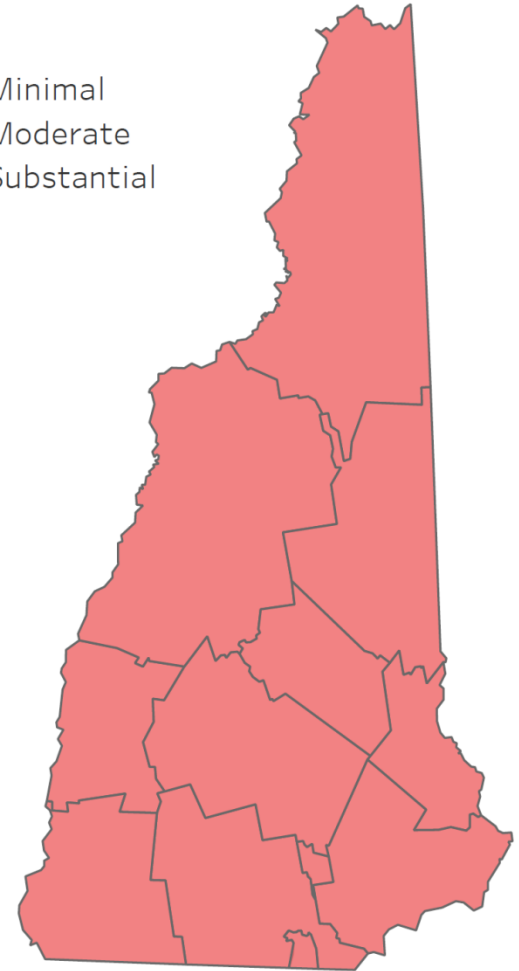
New Cases per 100k
over 14 days

772.1

7-Day Total Test
Positivity Rate

9.1%

Minimal
Moderate
Substantial



Data as of: 11/16/2021

K-12 School Clusters/Outbreaks in NH

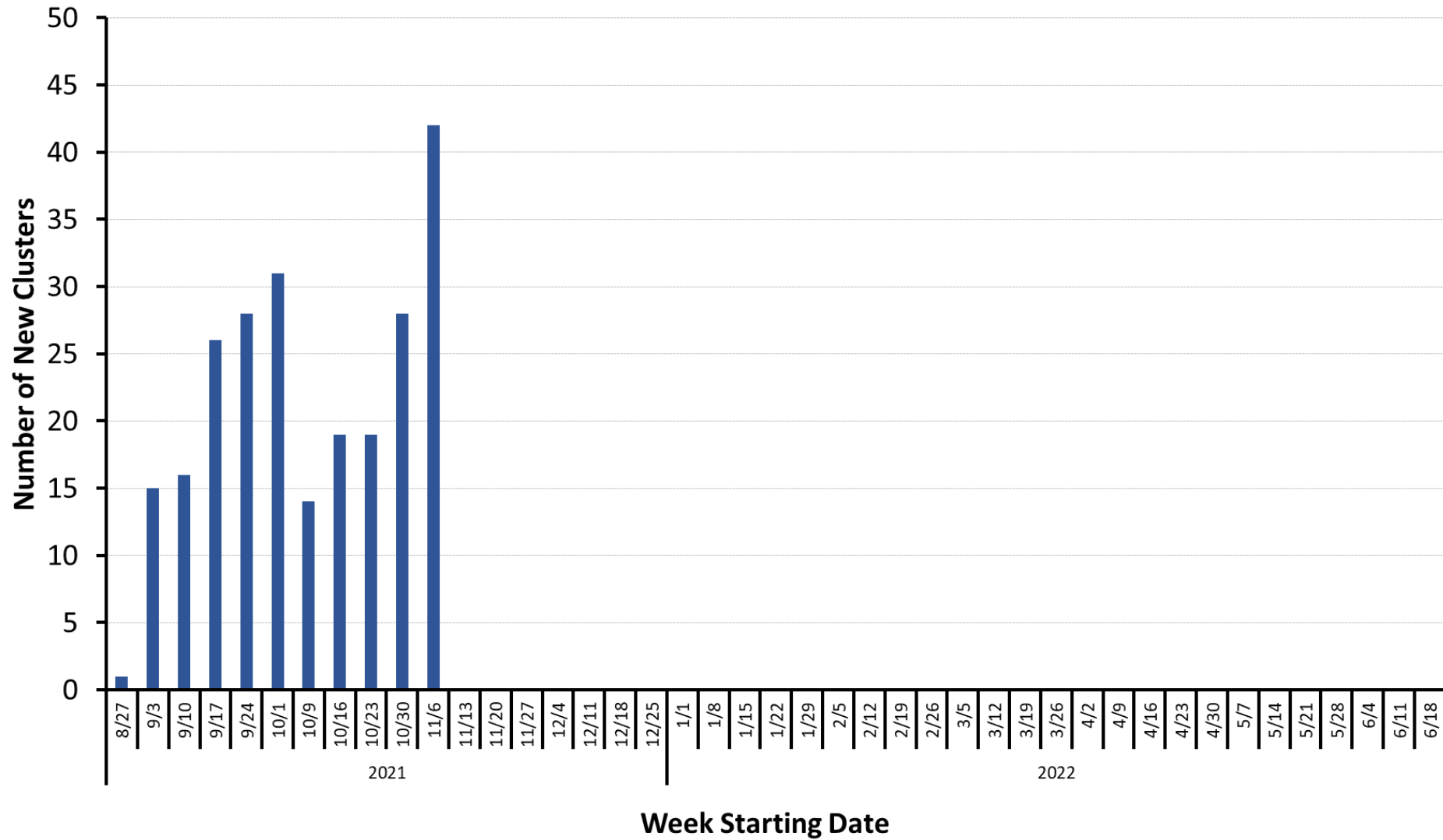
School Year	Total # Clusters	Total # of Infections Associated with Clusters	Total # of <u>Students</u> Associated with Clusters (%)	Total # of <u>Staff</u> Associated with Clusters (%)	Average # of Infections per Cluster
2020-2021 (Entire School Year)	110	693	464 (67%)	229 (33%)	6.3
2021-2022					
As of Oct 6 th	97	737	669 (91%)	68 (9%)	7.6
As of Oct 20 th	141	1,400	1,234 (88%)	166 (12%)	9.9
As of Nov 3 rd	181	1,724	1,517 (88%)	207 (12%)	9.5
	+81	+920	+801	+119	+0.6
As of Nov 17 th	262	2,644	2,318 (88%)	326 (12%)	10.1

K-12 School Clusters/Outbreaks in NH

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- There are currently 110 active K-12 school clusters, with an average cluster size of more than 11 cases per cluster.

Number of New K-12 School Clusters Each Week in NH



Childcare Clusters in NH (July 2021 – Present)

Time Period	Total # Clusters	Total # of Infections Associated with Clusters	Total # of <u>Children</u> Associated with Clusters (%)	Total # of <u>Staff</u> Associated with Clusters (%)	Average # of Infections per Cluster
As of 10/20/2021	34	229	161 (70%)	68 (30%)	6.7
As of 11/3/2021	40	321	216 (67%)	105 (33%)	8.0
As of 11/17/2021	46	384	251 (65%)	133 (35%)	8.3

- There are currently 8 active childcare clusters, with an average cluster size of more than 9 cases per cluster.

In-person schooling and associated COVID-19 risk in the United States over Spring Semester 2021

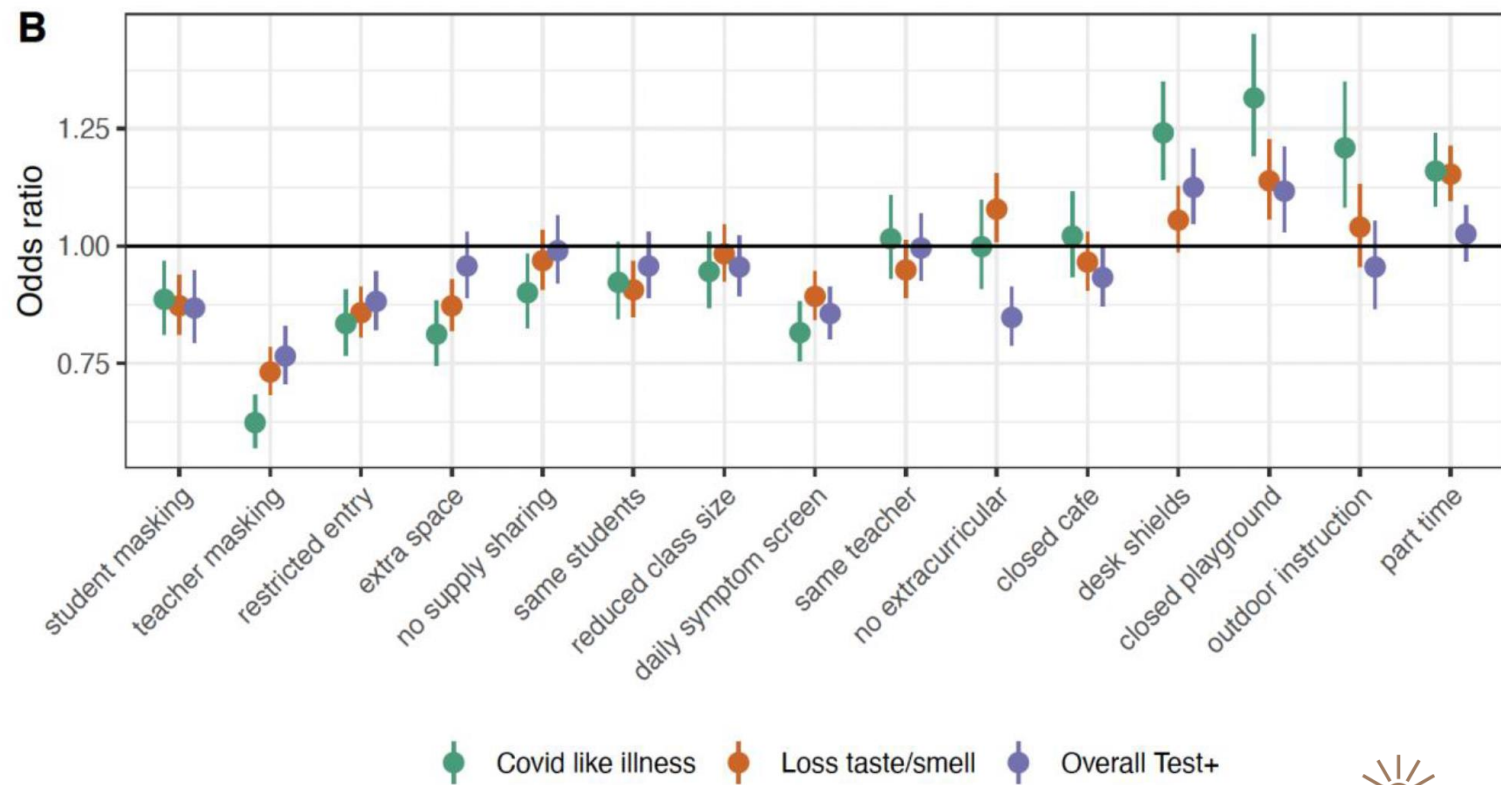
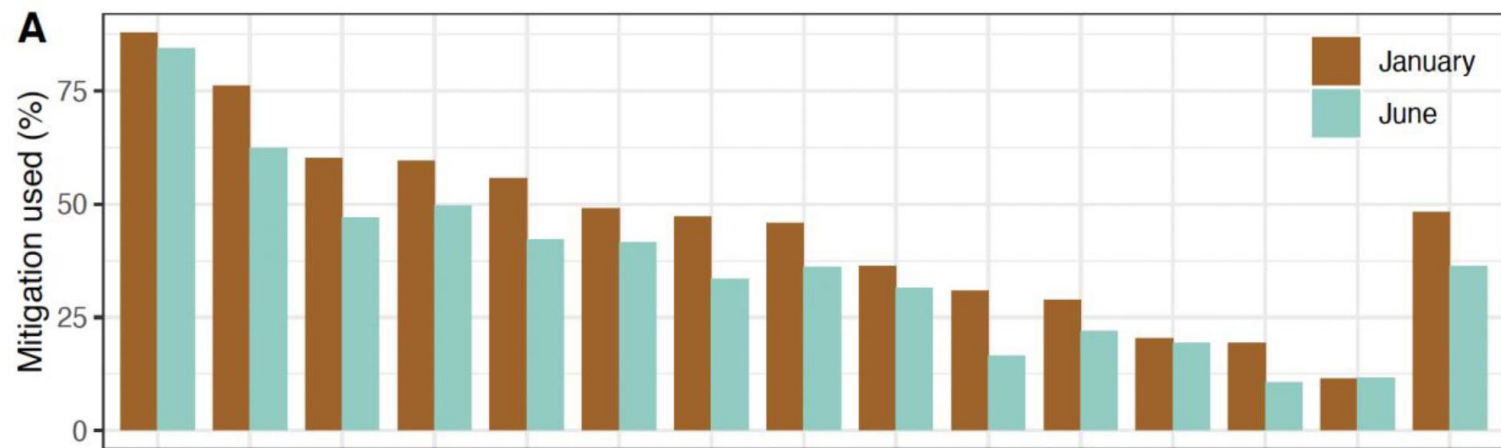
Kirsten E. Wiens¹, Claire P. Smith¹, Elena Badillo-Goicoechea², Kyra H. Grantz¹, M. Kate Grabowski^{1,3}, Andrew S. Azman^{1,4}, Elizabeth A. Stuart^{2,5,6}, Justin Lessler^{7*}

Study Background and Methods

- Authors previously reported that people living in a home with children attending in-person schooling were at higher risk for developing COVID-19 (implication: children can bring COVID-19 home and infect family members)
- Analyzed data from a nation-wide survey “U.S. COVID-19 Trends and Impact Survey” (US CTIS), conducted 1/12/21 – 6/12/21
 - Administered through Facebook to people 18+ years of age
 - Collected information on demographics, symptoms related to COVID-19, positive SARS-CoV-2 test results, and schooling for any children at home
- Analyzed outcomes in respondents by 3 primary measures:
 - “COVID-like illness” (CLI): defined as fever of at least 100°F AND cough, shortness of breath, or difficulty breathing (old surveillance definition)
 - Loss of taste and/or smell
 - Positive SARS-CoV-2 test within the past 14 days

Study Findings

- Analyzed data from 1,082,773 respondents living with school-aged children across the U.S. (from all 50 states and Washington, D.C.)
 - 59% of respondents reported children attending in-person schooling
- Living in a household with a child in full-time in-person schooling was associated with increased likelihood of respondents developing CLI (aOR: 1.32), losing taste or smell (aOR: 1.19), and testing positive for SARS-CoV-2 (aOR: 1.32)
- Likelihood of a respondent reporting CLI, loss of taste/smell, or testing positive for SARS-CoV-2 decreased (or the association disappeared) as an increasing number of mitigation measures were implemented at schools
- By May-June (as levels of COVID-19 decreased across the country), fewer mitigation measures in schools were needed to have COVID-19 risk in respondents disappear



Study Conclusions

- When community transmission is high, there is need for more mitigation measures to be implemented
- Risk (of a child bringing COVID-19 into the home) can be “reduced or eliminated with implementation of multiple mitigation measures in schools”
- Greatest reductions in risk were seen with:
 - Teacher masking
 - Student masking
 - Restricted entry (of parents and visitors)
 - Symptom screening

Study Limitations

- Survey data was self-reported and subject to recall bias
- Information was gathered through Facebook and may not be representative of all populations
- Outcomes measures didn't specifically assess asymptomatic infection
- Some measures (e.g., CLI) are not specific for COVID-19
- Publication is not peer-reviewed nor formally published

Summary

- Implementing mitigation measures in school and childcare programs is necessary to prevent facility transmission, prevent clusters/outbreaks, limit the size of clusters/outbreaks, and avoid contributing to increasing household and community transmission
- Key steps to follow:
 1. Promote vaccination for your staff and students (vaccination is recommended for everybody 5 years of age or older)
 2. Have everybody wear face masks indoors
 3. Don't let symptomatic children or staff into childcare or schools
 4. Direct anybody with symptoms of COVID-19 to be tested
 5. Direct anybody with a potential exposure to COVID-19 to seek testing (around days 5-7 after a potential community exposure)
 6. Persons who are unvaccinated (or not within 90 days of testing positive for COVID-19) and who are a close contact to another person with COVID-19 in their household need to quarantine
 7. Offer asymptomatic screening testing (SASS program)
 8. See school and childcare toolkit for other measures to follow

COVID-19 Reporting

Reporting Individual Cases to NH Public Health

Please report single cases:

- Your report may be the only way we know a “case” is associated with your facility
- NH RSA 141-C and He-P301 mandate reporting of suspect and confirmed cases by healthcare providers and labs. If a school is conducting testing, the school is considered the reporting provider
- Report by either:
 - Calling 603-271-4496
 - Completing the [COVID-19 Case Report Form](#), fax to 603-271-0545

Information needed:

- Name of person
- Date of birth
- Home address
- Parent name and phone number
- Name of school
- Date of symptom onset
- Date of test (and test type, if known)
- Date person was last onsite (i.e., was the person onsite at the facility in the 14-days before symptom onset/test date?)

Reporting Clusters/Outbreaks to NH Public Health

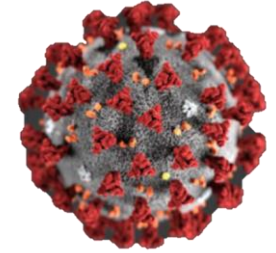
Please call 603-271-4496, Option #4

1. For general questions regarding COVID-19, including inquiries from parents of New Hampshire students, press 1.
2. If you are calling to report a case, press 2.
3. If you are calling from a school and are looking to speak to the COVID-19 Education Liaison to discuss recommendations, press 3.
4. If you are calling from a Congregate type setting such as a school, child care, Healthcare facility or Business, press 4.
5. To hear the menu options again press 9.

Q&A

Education and Childcare Partner Calls

- 1st and 3rd Wednesday of each month from 3:30-4:30 pm
- Webinar/call information:
 - Zoom link: <https://nh-dhhs.zoom.us/s/98062195081>
 - Webinar ID: 980 6219 5081
 - Passcode: 197445
 - Telephone: 646-558-8656



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